

APPENDIX E - PLAN OF CARE

APPENDIX E-1

a. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the preparation of the plans of care:

_____ Registered nurse, licensed to practice in the State

_____ Licensed practical or vocational nurse, acting within the scope of practice under State law

_____ Physician (M.D. or D.O.) licensed to practice in the State

_____ Social Worker (qualifications attached to this Appendix)

 X Case Manager

_____ Other (specify):

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.

_____ At the Medicaid agency central office

 X At the Medicaid agency county/regional offices

 X By case managers

_____ By the agency specified in Appendix A

 X By consumers

 X Other (specify):

In addition to the above, plans of care are maintained by one or more qualified providers, contracted to provide supports to the waiver recipient as outlined in the plan of care.

3. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur is:

_____ Every 3 months

_____ Every 6 months

 X Every 12 months

_____ Other (specify):

The plan may be reviewed more frequently, at the request of any IP team member. Progress reports for goals assigned to service providers are generated by providers every three months, and copies are sent to the DDP OMRP (FSS) and the assigned case manager.

APPENDIX E-2

a. MEDICAID AGENCY APPROVAL

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

All plans of care are reviewed, signed and dated by the following authorized representatives of the Department:

1. The assigned QMRP (DDP Field Services Specialist)
 2. The assigned Regional Manager
 3. All plans of care are reviewed by a representative of the Program Supports Bureau at the DDP Central Office.
-
-

b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.
2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix.

APPENDIX E
 STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE
 ATTACHMENT 3.B.2.

DATE: _____

